

PLEASE TYPE OR PRINT

CITY OF HARTFORD

VENDOR PERMIT #: \_\_\_\_\_

ANNUAL VENDOR LICENSE APPLICATION

Trade Name: \_\_\_\_\_ Sale Tax Certificate #: \_\_\_\_\_

Operator Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

(First) (Middle) (Last)

Home Address: \_\_\_\_\_ (Number) (Street) (City) (State) (Zip Code)

Name of vending firm or employer: \_\_\_\_\_

Address: \_\_\_\_\_ (If privately owned write N/A)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you self employed?: Yes \_\_\_\_\_ No \_\_\_\_\_ Length of time vending in Hartford: \_\_\_\_\_

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Specific Categories: (Yes/No)

Make of

Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Hot Dog Cart \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Ice Cream Truck \_\_\_\_\_  
Produce Truck/Cart \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Fish Vendor \_\_\_\_\_  
California Truck \_\_\_\_\_ Type of foods sold: \_\_\_\_\_

Rolling Kitchen \_\_\_\_\_ (List menu items sold)  
Other (Specify) \_\_\_\_\_

Vending Location(s) in Hartford: \_\_\_\_\_

(Please List Street)

QFO employed: \_\_\_\_\_ Yes \_\_\_\_\_ NO QFO's Name: \_\_\_\_\_ (Attach Certificate)

**PLEASE NOTE: ALL CLASS 3 AND CLASS 4 FOOD VENDORS -- Hot food preparation of potentially hazardous foods served to the public. "Vending licenses will not be renewed nor will the vendor(s) be allowed to operate without Qualified Food Operator (QFO) compliance". ONE QFO PER VEHICLE/CART REQUIRED. A copy of the certificate must be presented at time of application.**

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I hereby agree to comply with the requirements of Section 19-13-B42 (Sanitation of Places Dispensing Foods and Beverages, Section 19-13-B48 (Itinerant Food Vending) and Section 19-13-B49 (Catering Food Service) of the public health code of the State of Connecticut, and Section 14 of the Municipal Code of the City of Hartford. I further understand that non-compliance with the requirement of applicable sections of these regulations may result in closure of the establishment and revocation of the license. Property and the surrounding area must be kept sanitary at all times.

I further agree to abide by all Federal and State laws prohibiting the sale and use of illegal drugs and alcohol and understand that if I or any of my employees are arrested for sale or use of illegal drugs in my establishment that such arrest is grounds for immediate revocation of my food license and notification to the State and Federal agencies.

This form with remittance must be filed at the Bureau of Licenses and Inspections, Room 304, 550 Main Street, Hartford, CT 06103, (860)543-8750. Check should be made payable to the "City of Hartford".

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*  
OFFICE USE ONLY

SANITARIAN : \_\_\_\_\_ DATE \_\_\_\_\_ APPROVED: ( )  
NOT APPROVED: ( )

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_